

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000067206

**Entity Name:** 110 CPS FLORIDA LLC

**Current Principal Place of Business:**

5133 FISHER ISLAND DR  
MIAMI BEACH, FL 33109

**Current Mailing Address:**

5133 FISHER ISLAND DR  
MIAMI BEACH , FL 33109 US

**FEI Number:** 27-3040486

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BERKOWITZ, RICHARD  
BERKOWITZ POLLACK BRANT  
200 E LAS OLAS BLVD 19 FLOOR  
FT LAUDERDALE, FL 33301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** RICHARD BERKOWITZ

03/14/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                  |                 |                       |
|-----------------|------------------|-----------------|-----------------------|
| Title           | MGR              | Title           | MGR                   |
| Name            | ARON, ADAM M     | Name            | ARON, ABBE KAHN       |
| Address         | 32195 W 135TH ST | Address         | 5133 FISHER ISLAND DR |
| City-State-Zip: | OLATHE KS 66061  | City-State-Zip: | MIAMI BEACH FL 33109  |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ADAM ARON

MGR

03/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date